| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003   |                                                                                                                                                                                 |                                                                   |                 |                                   |                   |                  |      |                    |                        |      |                   |                        |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------|-----------------------------------|-------------------|------------------|------|--------------------|------------------------|------|-------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                                                                                                                                                 |                                                                   |                 |                                   |                   |                  |      | SMALL!             | ENTITY                 | OR   |                   | THAN<br>ENTITY         |
| TO                                                                       | OTAL CLAIMS                                                                                                                                                                     |                                                                   | 25              |                                   |                   |                  | RATE | FEE                | ]                      | RATE | FEE               |                        |
| FC                                                                       | OR                                                                                                                                                                              |                                                                   | NUMBER FILED    |                                   | NUMBER EXTRA      |                  |      | Basic Fe           | ₽ 385.00               | OR   | BASIC FEE         | 770.00                 |
| π                                                                        | TAL CHARGE                                                                                                                                                                      | ABLE CLAIMS                                                       | 25 mi           | nus 20=                           | . <               |                  |      | XS 9=              |                        | OR   | X\$18=            | 90.                    |
| IN                                                                       | DEPENDENT C                                                                                                                                                                     | LAIMS                                                             | 7 3 minus 3 = 2 |                                   |                   | 00               |      | X43=               |                        | OR   | X86=              | 1720                   |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                                                                                                                                                 |                                                                   |                 |                                   |                   |                  |      | +145=              | 1-                     |      | +290=             |                        |
| * If the difference in column 1 is less than zero, enter *0" in column 2 |                                                                                                                                                                                 |                                                                   |                 |                                   |                   |                  |      | TOTAL              | <del> </del>           | OR   | TOTAL             | 2580                   |
| CLAIMS AS AMENDED - PART II                                              |                                                                                                                                                                                 |                                                                   |                 |                                   |                   |                  |      |                    | <b>L</b>               | Jon  | OTHER             |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                                                                                                                                                 |                                                                   |                 |                                   |                   |                  |      | SMALL              | ENTITY                 | OR   | SMALL             |                        |
| AMENDMENT A                                                              | 1-30-01                                                                                                                                                                         | CLAIMS REMAINING AFTER AMENDMENT                                  |                 | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER               | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE              | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total ·                                                                                                                                                                         | · 2S                                                              | Minus           | - 5                               |                   | - //             |      | ` X\$ 9=           |                        | OR   | X\$18=            |                        |
|                                                                          | Independent                                                                                                                                                                     | . 23                                                              | Minus .         | -2                                | 0                 | . /              |      | X43=               |                        | OR   | X86=              |                        |
| L                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                  |                                                                   |                 |                                   |                   |                  |      | +145=              |                        | OR   | +290=             |                        |
| 7 24 06 (Cotumn 1) (Cotumn 2) (Column 3)                                 |                                                                                                                                                                                 |                                                                   |                 |                                   |                   |                  |      | TOTAL              |                        |      | TOTAL             |                        |
|                                                                          |                                                                                                                                                                                 |                                                                   |                 |                                   |                   |                  |      | VDD17. FEE         |                        | jon  | ADDIT. FEE        |                        |
| AMENOMENT B                                                              |                                                                                                                                                                                 | CLAIMS REMAINING AFTER AMENDMENT                                  |                 | HIGHI<br>NUME<br>PREVIO<br>PAID F | ST<br>SER<br>USLY | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE              | ADDI/<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                           | .6                                                                | Minus           | - Q                               | 5                 | - Ø:             | П    | X\$ 9=             |                        | OR   | X\$18=            |                        |
|                                                                          | Independent                                                                                                                                                                     | • /                                                               | Minus           | -2                                | 3                 | - 1/2            |      | X43=               |                        | OR   | X86-              |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ./                                                                                                                               |                                                                   |                 |                                   |                   |                  |      | +145=              |                        | OR   | +290=             | \ .                    |
|                                                                          |                                                                                                                                                                                 |                                                                   |                 |                                   |                   |                  |      | TOTAL              |                        | OR , | TOTAL<br>DOT, FEE | $\lambda$              |
| (Column 1) (Column 2) (Column 3)                                         |                                                                                                                                                                                 |                                                                   |                 |                                   |                   |                  |      | •                  |                        |      |                   |                        |
| AMENDMENT C                                                              |                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         | ·               | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY        | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE |      | PATE              | ADDI-<br>TIONAL<br>PEE |
|                                                                          | Total                                                                                                                                                                           | •                                                                 | Minus           | *                                 |                   | •                | Γ    | X\$ 9=             |                        | OR   | X\$18=            |                        |
|                                                                          | Independent                                                                                                                                                                     | •                                                                 | Minus           | -                                 |                   | •                | I    | X43=               |                        | OR   | X86=              |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                  |                                                                   |                 |                                   |                   |                  |      | +145=              |                        |      | +290=             |                        |
|                                                                          | * If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.  ** If the "High at Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                                                                   |                 |                                   |                   |                  |      |                    |                        | OR   | +29U=             |                        |
| -                                                                        | I the "Highest Nu                                                                                                                                                               | mber Previously Pai<br>mber Pr. viously Pa<br>ber Previously Paid | MFCINTHE        | S SPACE is                        | less than         | 3, enter "3."    | ~    | TOTAL<br>DDIT. FEE | biobijste po           |      | DOIT, FEE         |                        |